

# KENTUCKY ASSISTIVE TECHNOLOGY LOAN CORPORATION

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## *LOAN APPLICATION*

*This Loan Program is Operated Jointly With*

**FIFTH THIRD BANK (LOUISVILLE)**

### **Contributing Partners**

*Developmental Disabilities Planning Council*

*Education Cabinet*

*Office of Vocational Rehabilitation*

*KATS Network*

## Kentucky Assistive Technology Loan Corporation

# PLEASE READ CAREFULLY BEFORE APPLYING

Thank you for requesting a loan application from the Kentucky Assistive Technology Loan Corporation. The information contained in this letter should help you complete the application process. Please feel free to call us if you need assistance or clarification.

### How do I apply?

Complete and return the attached applications along with verification of disability, copy of Photo ID, itemized price quote and proof of all income. Follow the checklist below.

Please remember to be as complete and accurate as possible to prevent any delay in processing. These documents are often transmitted via fax and can be hard to read, so please type or write legibly.

### Submit the following:

- ☐ **Kentucky Assistive Technology Loan Program Application** (attached)
- ☐ **Bank Credit Application** (attached)
- ☐ **Photo ID (copy of valid driver's license or Kentucky State ID)**
- ☐ **Verification of disability** (see below)
- ☐ **Itemized price quote for the specific item to be purchased.**
- ☐ **Proof of all sources of income to be considered by the lender.**

**NOTE:** Applicant may supply other supporting documentation such as an assistive technology assessment, recommendations from professionals, etc. to explain a need for assistive technology. If a third party is paying for a portion of the assistive technology, verification of payment is required.

### **Verification of Disability (Submit one of the following)**

1. A statement from a licensed, treating medical professional indicating how the disability substantially affects one or more major life activities.
2. Proof of enrollment in one of the following:
  - a. State vocational rehabilitation program;
  - b. Social Security Disability Insurance (SSDI);
  - c. Medicare enrollment based on disability;
  - d. Medicaid enrollment based on disability;
  - e. Veterans Administration enrollment based on current disability;
  - f. Educational services enrollment under an individualized family service plan or individualized education plan, or
3. Other proof of a disability that affects a major life activity as required by KRS 151B.50(6).

**What is the Kentucky Assistive Technology Loan Corporation (KATLC)?**

KATLC is a program funded by both private and public money to help Kentuckians with disabilities obtain assistive technology to improve their independence or quality of life. A 7-member Board of Directors manages the program.

**Who can apply for a loan?**

Any individual who has been a resident of Kentucky for at least six consecutive months, and who either has a disability that permanently affects a major life activity, or is a parent, guardian or caretaker of an individual with a disability. The purpose of the loan must be to purchase assistive technology to be used by the individual with a disability.

A nonprofit organization that provides assistive technology to individuals with disabilities may also apply if they can demonstrate how the adaptive equipment will be used for their potential customers.

**What can I borrow money for?**

Assistive technology is defined as "any item, piece of equipment or device that enables an individual with a disability to improve his or her independence and quality of life." Hearing aids, computers, home modifications, augmentative communication devices, wheelchair ramps, and van lifts are just a few examples. If you are not sure if the item you need qualifies under the program's guidelines, please ask.

**How much money can I borrow and for how long?**

The minimum amount you can borrow is \$500 and the maximum amount is \$25,000. The length of the loan is determined by the life expectancy of the assistive technology.

**What if my credit record is poor, I don't have a job, or I receive funds from many sources?**

KATLC, working in conjunction with their financial partner, is able to approve more loans than traditional loan programs because of our more lenient debt-to-income guidelines.

**Who approves my loan?**

KATLC reviews all applications for eligibility before forwarding to Fifth Third Bank. The lending institution then makes their decision to approve or deny the request. After financial eligibility is determined, the applicant will receive written notification within 7 working days.

Please mail the completed application and attachments to:

**Sarah Richardson  
KY Assistive Technology Loan Corporation  
209 St. Clair Street  
Frankfort, KY 40601**

or you may **FAX** your application to **(502) 564-6745**

If you need assistance filling out these forms, alternative format, or if you want to check on the status of your application, please contact KATLC at the above address, or call **toll free 1-877-675-0195 (V/TDD)**.

**Please direct all loan status inquiries to the KATLC Program Director.**



**FOR OFFICIAL USE ONLY**

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Name of Applicant:	
Address:	City:
County:	Zip:
Home Phone: (     )	Work Phone: (     )
If you need replies in Braille, audio tape, or other special format, please indicate here:	
<b>FOR NONPROFIT ORGANIZATIONS ONLY:</b> Federal Employer ID# (9digits): _____ *Include proof of 501(c)(3) status	
If applicant does <u>not</u> have a disability, please describe applicant's relationship to the individual with a disability (e.g., parent, sibling, child, guardian, caretaker, etc.): _____	
Name of individual who will be using the assistive technology, if different from applicant: _____	
<b>How did you find out about this program?</b> <input type="checkbox"/> Advertising (e.g. TV, radio, newspaper) <input type="checkbox"/> Information received in the mail <input type="checkbox"/> Information received from the World Wide Web/Internet <input type="checkbox"/> Referral from a friend <input type="checkbox"/> Referral from a professional (e.g. OT, PT, doctor, case manager) <input type="checkbox"/> Referral from a disability-related agency Please describe: _____ <input type="checkbox"/> Referral from a state technology program <input type="checkbox"/> Referral from an equipment vendor, supplier or dealer <input type="checkbox"/> Referral from a bank, credit union or lending institution <input type="checkbox"/> Other Please describe: <input type="checkbox"/> Don't Know <input type="checkbox"/> No Response	
<b>NATURE OF DISABILITY/NEED FOR ASSISTIVE TECHNOLOGY</b>	
Describe the nature of the disability of the individual who will be using the assistive technology and how that disability affects one or more major life activities (attach additional sheets if necessary):	

**KATLC Application for Loan**  
**Page Two**

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Describe the device(s) and/or service(s) that will be purchased and how it/they will compensate for the limitations of the disability or improve the quality of life of the individual who will be using it (attach additional sheets if necessary):

Is a third party paying for a portion of the assistive technology?                      Yes                      No  
If yes, please provide contact information i.e. telephone number, counselor name, etc.

I certify, under penalty of law, that the information given in this application packet is correct and complete to the best of my knowledge. I authorize the Kentucky Assistive Technology Loan Corporation Board of Directors to make available to participating qualified lending institutions any and all information contained in this application and other pertinent material submitted with this application. I understand this information will be used by the qualified lending institution to assist in determining my financial eligibility for a loan.

**Signature of Applicant:** **X** \_\_\_\_\_ **Date:** \_\_\_\_\_

**COMPLETION OF THIS SECTION IS VOLUNTARY.** This information is collected for statistical reporting purposes only and will **NOT** be individually identified. Completion of this section is not necessary for consideration of the application.

**Date of Birth of Individual with a Disability Who Will Be Using the Assistive Technology:**

\_\_\_\_\_

**Gender:** \_\_\_\_\_ Male      \_\_\_\_\_ Female

**Primary Language:** \_\_\_\_\_

**Race:** \_\_\_\_\_ American Indian/Alaskan Native      \_\_\_\_\_ African-American      \_\_\_\_\_ Asian  
          \_\_\_\_\_ Asian Indian      \_\_\_\_\_ Caucasian      \_\_\_\_\_ Hispanic/Latino      \_\_\_\_\_ Native Hawaiian  
          \_\_\_\_\_ Pacific Islander      \_\_\_\_\_ Other

The Commonwealth of Kentucky and the Kentucky Assistive Technology Loan Corporation do not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in the access to, application for, or approval of assistive technology loans.

## Release of Information for Required Data Collection Form

The federal government is working with the Rehabilitation Engineering and Assistive Technology Society of North America (RESNA), the University of Illinois at Chicago (UIC) and your state program to submit this information to a secure, web-based data system. All personally identifying information about you is removed, and summary results are then made available to the public at an accessible website.

As part of this data collection process, we would like to invite you to participate in two interviews to provide information: one interview at the time of your initial application, and another follow-up interview (done at 1 month post if funding was denied or not accepted, done at 6 months post if funding was approved and accepted). The initial interview will be completed with a representative from your state program. After the loan decision has been made, someone on behalf of KATLC will contact you at a future date for a follow-up phone interview to discuss the impact of the loan program and your feedback about the process. During both of these interviews, you are free to refuse to answer any questions you do not want to answer. You have the right to decline to participate. All responses will be kept confidential and you will not be identified by name or other personally identifying information within the database or in any reports. Your decision to participate or not in this evaluation process will not effect your loan application or participation in other programs.

**Release of Information:** I consent to releasing this federally required information into the secure database maintained at UIC. I understand that the information submitted will NOT contain my name, address or any other identifying information, and contact information is requested only for KATLC or their designee to do the follow-up interview with me.

☐ I consent to releasing all required information.

### Contact Information for Follow-up Interview

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email \_\_\_\_\_

**X**

\_\_\_\_\_  
Signature of Loan Applicant

\_\_\_\_\_  
Date

**FIFTH THIRD BANK, KENTUCKY, INC.**  
**APPLICATION FOR KENTUCKY ASSISTIVE TECHNOLOGY LOAN PROGRAM**

Amount of Loan Applied for	Length of Loan (# of months)	Purchase price of Assistive Technology	
Applicant Last Name		First Name	Middle Initial
Street Address		How Long? Yrs                      Mos	
City	County	Zip Code	
Previous Address (If Less Than 2 Years At Present Address)			
Birthdate	Social Security Number	Phone Number (    )	Number of Dependents
Name and Location of Bank Where You Maintain Your Primary Account Relationship			
(If Applicable) Employer		Address	Phone Number (    )
Position	Supervisor	Length of Employment	
Previous Employer	Phone Number (    )	Length of Employment	
Name of Nearest Relative Not Living With You		Phone Number (    )	
Co-Applicant Last Name		First Name	Middle Initial
Street Address		How Long? Yrs                      Mos	
City	County	Zip Code	
Previous Address (If Less Than 2 Years At Present Address)			
Birthdate	Social Security Number	Phone Number (    )	Number of Dependents
(If Applicable) Employer		Address	Phone Number (    )
Position	Supervisor	Length of Employment	
Applicant Housing Information Check One: <input type="checkbox"/> Own <input type="checkbox"/> Rent                      Amount of Monthly Mortgage or Rent Payment    \$ _____ <input type="checkbox"/> Live with family member(s)			
Name and Phone Number of Landlord or Mortgage Holder			
(If Owned) Purchase Price	Date of Purchase	Balance	Estimate of Current Value
<b>Gross Annual Income</b> (Child support, alimony or separate maintenance need not be disclosed if you do not wish to have it    considered as a basis for repaying this obligation.)			
Applicant Salary		Co-Applicant Salary	
Bonus & Commission		Other Income (List Source)	
Interest / Dividend Income		1.	
Rental Income		2.	
		3.	
<i>Total Gross Annual Income, Applicant &amp; Co-Applicant.....\$</i>			
<b>Credit References</b> (List All Obligations, Including Utilities If Applicable; Attach Separate Page If Necessary)			
Name of Creditor		Balance	Monthly Payment
1.			
2.			
Are you obligated to pay child support, alimony or separate maintenance?			
<input type="checkbox"/> No <input type="checkbox"/> Yes		Monthly Amount	\$ _____
Have you ever had a car or other merchandise repossessed? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If Yes, Name of Company _____			
Have you ever filed bankruptcy? <input type="checkbox"/> No <input type="checkbox"/> Yes <b>If Yes, please attach separate sheet with complete explanation &amp; dates.</b>			

**NOTE:** By signing below, Applicant and Co-Applicant agree that FIFTH THIRD BANK, KENTUCKY, INC. may share with the KENTUCKY ASSISTIVE TECHNOLOGY LOAN CORPORATION the contents of this application and information concerning Applicant's payment performance with regard to any loan that may be granted as a result of this application.

**Applicant's Signature, Date**

**Co-Applicant Signature, Date**

**FIFTH THIRD BANK, KENTUCKY, INC.**  
**APPLICATION FOR KENTUCKY ASSISTIVE TECHNOLOGY LOAN PROGRAM**

<b>PERSONAL FINANCIAL STATEMENT</b> IMPORTANT: Check box "J" if assets are owned, or liabilities are owed, jointly. Indicate how the asset is titled and how much you own or owe in the appropriate schedules below. If additional space is needed, please attach a separate sheet.					
ASSETS	AMOUNT	J	LIABILITIES	AMOUNT	J
Cash on Hand & in Bank (Schedule 1)	\$		Loans Against Real Estate (Schedule 4)	\$	
Savings Certificates (Schedule 1)	\$		Notes payable to Banks	\$	
Stocks and Bonds (Schedule 2)	\$		Credit cards & Other Liabilities:		
Cash Value of Life Insurance (Schedule 3)	\$		1.	\$	
Automobiles / Other Vehicles	\$		2.	\$	
Real Estate (Schedule 4)	\$		3.	\$	
Interest in Business Owned	\$		4.	\$	
Other Assets	\$		TOTAL LIABILITIES	\$	
TOTAL ASSETS	\$		NET WORTH (ASSETS MINUS LIABILITIES)	\$	

  

SCHEDULE 1 – CASH ON DEPOSIT			
Name and Location of Bank	Balance	Type of Account	In Name Of

  

SCHEDULE 2 – STOCKS AND BONDS				
# of Shares	Description	Title in Name Of	Market Value	Pledged to Whom

  

SCHEDULE 3 – LIFE INSURANCE			
Name of Insurance Company	Name of Insured	Face Amount	Cash Value

  

SCHEDULE 4 – REAL ESTATE					
Description and Location	Market Value	Balance Owed	Mortgage Holder	Mo. Pmt.	Purchase Price

  

**DO NOT COMPLETE THE INFORMATION IN THIS BLOCK UNLESS THE PURPOSE OF THIS LOAN IS HOME IMPROVEMENT.**

The following information is requested by the Federal Government for certain types of loans related to a dwelling in order to monitor the Lender's compliance with Equal Credit Opportunity, Fair Housing, and Home Mortgage Disclosure laws. You are not required to furnish this information, but you are encouraged to do so. The law provides that a Lender may not discriminate on the basis of this information, or on whether you choose to furnish it. However, if you choose not to furnish the information and you have made this application in person, under Federal Regulations the Lender is required to note race or national origin and sex on the basis of visual observation or surname. If you do not wish to furnish this information, please check below.

<b>APPLICANT</b>  ____ I do not wish to furnish this information.  Sex:  <input type="checkbox"/> Female <input type="checkbox"/> Male  Race / National origin: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other (please specify) _____	<b>CO-APPLICANT</b>  ____ I do not wish to furnish this information.  Sex:  <input type="checkbox"/> Female <input type="checkbox"/> Male  Race / National origin: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other (please specify) _____
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***Applicant's Initials, Date***

***Co-Applicant's Initials, Date***

Number of Pages Attached \_\_\_\_\_ (Note: Applicant and any Co-Applicant must initial each page of attachment.)



## Kentucky Assistive Technology Loan Program Initial Contact Form

**1. Instructions:** Please place an "X" in the column on the table below about financing options that have previously been explored related to this AT funding request. If you do not want to complete the table, check the No Response box at the bottom of the table.

Funding Source	Did Not Explore this source of funding	Explored this source of funding but did not apply	Applied to this source of funding and am waiting for a response	Applied and was denied for this source of funding	I don't know or doesn't apply
Self-pay					
Medicare					
Medicaid					
Medicaid Waiver (e.g., Home and Community-based Waiver)					
Private insurance					
State Department of Rehabilitation/ Vocational Rehabilitation Services					
State Developmental Disabilities funds					
Early childhood (infant/toddler 0-3) funds					
School system funding (K-12)					
Employer funding					
Worker's compensation					
Social Security Disability Insurance (SSDI)					
Supplemental Security Insurance (SSI)					
Traditional bank loan					
Loan or gift from family					
Foundation or community agency					
Other: _____					

☐ No Response

**2. Whose income level is being used to process this AT funding request?**

- ☐ Consumer who will use the requested assistive technology (AT)
- ☐ Representative of Consumer (e.g. guardian or parent)
- ☐ Combined Income
- ☐ No Response

**3. Does the AT user currently work for pay or profit?**

- ☐ Yes, full time (30+ hours/week)
- ☐ Yes, part time (29 or less hours/week)
- ☐ No
- ☐ No Response

**4. How would you characterize the community of the AT user?**

- ☐ Primarily Urban
- ☐ Primarily Suburban
- ☐ Primarily Rural (e.g. rural town, farm community)
- ☐ Other Please Specify: \_\_\_\_\_
- ☐ No Response

**5. What other alternative resources were offered to the applicant to obtain the requested AT?**

- ☐ Short Term Equipment Loan
- ☐ Credit counseling, consumer education to increase success for future application submittals
- ☐ Referral to other funding sources
- ☐ Other Please Describe \_\_\_\_\_
- ☐ No Response